

# HIV/AIDS Among Latinos in New Jersey

## As of December 31, 2009

- One in 1814Latinos in New Jersey is living with HIV/AIDS.
- ◆ In the year 2007, Latinos accounted for 24% of new HIV/AIDS diagnoses in New Jersey and 16% of the state's population.
- ♦ The number of HIV/AIDS cases diagnosed annually among Latinos has fluctuated between 18% 24% of reported cases over the past decade (1996-2007).
- ♦ Among Latinos living with HIV/AIDS in New Jersey who reported on place of birth, 44% were born in the United States, 31% in Puerto Rico, 4% each in the Dominican Republic and Mexico, 3% each in Cuba and Colombia, and the remaining 11% were born in other countries.

## Latinos with HIV/AIDS in New Jersey account for:

- ♦ 22% of all persons living with HIV/AIDS in the state
- ♦ 19% of living HIV/AIDS cases among women and 24% among men
- ♦ 22% of living cases among injection drug users
- ◆ 23% of living cases among men who *acquired HIV* through sex with men and 25% among men and 21% women who acquired HIV through heterosexual contact

### Hard hit areas in New Jersey

- ◆ Hudson County has the state's highest proportion of Latino residents (41%) and the highest number (1,808) of Latinos living with HIV/AIDS among New Jersey's 21 counties.
- ♦ Essex County has the highest rate of Latino persons living with HIV/AIDS in New Jersey (899 per 100,000) followed by Cape May (760), Hudson (750) Atlantic (733) and Camden (564).
- ◆ Of New Jersey cities with 50 or more Latinos living with HIV/AIDS: Newark (1,050), Jersey City (858), Paterson (602), Elizabeth (433), Union City (294) and Camden (290) have the largest number.
- ◆ Cities with the highest rates per 100,000 Latinos are Atlantic City (1,543), Newark (1,302), Jersey City (1,263), Long Branch (1,173), Hoboken (989) and Camden (935).
- ◆ Latinos constituted 83% of all persons living with HIV/AIDS in West New York, 75% in Union City, 69% in Perth Amboy, 66% in North Bergen and 53% in Vineland.

## **Prevention Challenges in Latino Communities**

Continued health disparities between economic classes, the challenges related to controlling substance abuse, and the interaction of substance abuse with the epidemic of HIV and other sexually transmitted diseases (STDs) are three interrelated issues related to the spread of HIV in communities of color.

The public sector alone cannot successfully combat HIV and AIDS in the Latino community. Overcoming the current barriers to HIV prevention and treatment requires that local leaders acknowledge the severity of the continuing epidemic among Latinos. These leaders need to play an even greater role in combating HIV/AIDS in their own communities. Additionally, HIV prevention strategies known to be effective must be available and accessible for all populations at risk.

## **Prevention Efforts Must Focus on High-Risk Behaviors**

Adult/Adolescent Women. Among Latino women reported with HIV/AIDS, injection drug use has accounted for 29% of the infections, and 62% were related to heterosexual exposure categories and 6% with unidentified risk exposure.

Adult/Adolescent Men. Among Latino men reported with HIV/AIDS, injection drug use has accounted for the largest proportion (37%) of infections. The second most common exposure for Latino men is having sex with other men (MSM), reported by 28%, while 4% report both injection drug use and sex with other men. Additionally, 23% were infected through heterosexual related exposure categories and 7% with unidentified risk.

*Pediatric*. Twenty-two percent of children reported with HIV/AIDS are Latinos; virtually all of these children were infected perinatally.

Data source: Except for cities, rates were on the 2008-bridged estimates. Cities' rates denominators were based on US 2000 census, Hispanic or Latino category (of any race). Mode of exposure data is based on modified risk exposure categories as described in the NJ HIV/AIDS report as of 12/31/2009.

#### For more information

♦ Call or write: New Jersey Department of Health and Senior Services

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Public Health Services